

Foster Family Home - Corrective Action Report

Provider ID: 1-613613

Home Name: Remedios Onigama, NA

Review ID: 1-613613-12

92-691 Welo Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 3/22/2021

| Foster Family Home | Required Certificate | [11-800-6] |
|--------------------|----------------------|------------|
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed annual inspection.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection

| Foster Family Home | Background Checks | [11-800-8] |
|--------------------|-------------------|------------|
|--------------------|-------------------|------------|

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) 8.(a)(1) APS/CAN checks are past due for CG 2 and 3

| Foster Family Home | Personnel and Staffing | [11-800-41] |
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41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) Bloodborne pathogen training lapsed for CG 1,2 and 3

| Foster Family Home | Medication and Nutrition | [11-800-47] |
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47.(d)(1) By order of a physician;

Comment:

47.(d)(1) There is no MD signed [REDACTED] client # 2

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Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

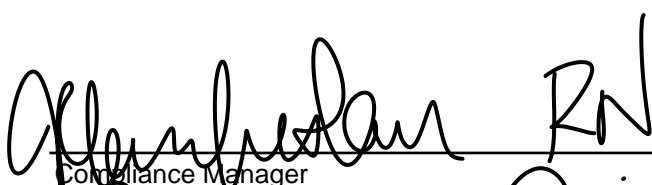
54.(c)(8) Personal inventory.

Comment:

54.(c)(5) Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred.

Medication administration record not documented since 3/12/21 for client # 2

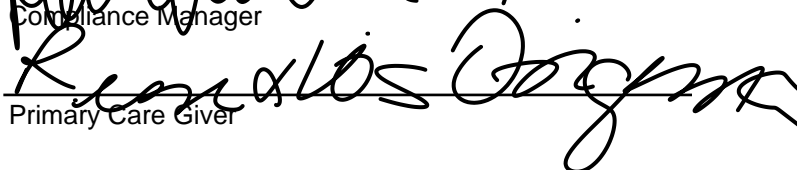
54.(c)(8) not documented since 3/12/21 for client # 2

 RN

Compliance Manager

3/22/21

Date



Primary Care Giver

3/22/21

Date